

Attorney's Docket No. CRED 2779

DECLARATION FOR PATENT APPLICATION
(COMBINED WITH POWER OF ATTORNEY)
(ORIGINAL APPLICATION)

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name. I believe I am the original, first, and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

PROGRAMMABLE JITTER GENERATOR

the specification of which is attached hereto unless box (a) or (b) is checked, in which case

- (a) [] the specification was filed on _____ as Application No. _____.
(b) [] the specification was filed as PCT International Application No. _____ filed on _____ and was amended under PCT Art. 19 on _____ (if any).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Patent and Trademark Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, Sec. 1.56.

I have identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America and filed less than 12 months (6 months for designs) prior to this United States application and of which I claim foreign priority benefits under Title 35, United States Code, Sec. 119, and I have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed.

EARLIEST FOREIGN APPLICATION, AND ALL FOREIGN APPLICATIONS FILED MORE THAN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION

<u>Country</u>	<u>Application No.</u>	<u>Date of Filing</u> (month/day/year)
_____	_____	_____
_____	_____	_____
_____	_____	_____

As a named inventor, I hereby appoint the practitioners associated with **Customer Number 007812** (John Smith-Hill, Reg. No. 27,730 and Daniel J. Bedell, Reg. No. 30,156) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith and in connection with the resulting patent.

Send correspondence to the correspondence address associated with **Customer Number 007812**.

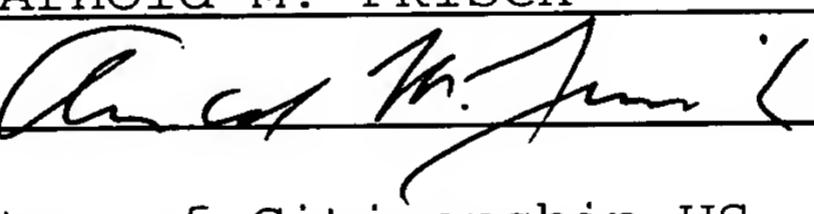
I am signing this power of attorney in order that the Patent and Trademark Office will correspond with the practitioners identified in the power of attorney in proceedings before the Patent and Trademark Office, and I do not intend that the power of attorney in itself create an attorney/client or other fiduciary relationship with Smith-Hill and Bedell, P.C. or any of the identified practitioners.

I hereby authorize the practitioners that I have appointed to accept instructions regarding this application and the resulting patent from CREDENCE SYSTEMS CORPORATION.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both under Title 18, United States Code, Sec. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first joint inventor _____

Arnold M. FRISCH

Inventor's signature 

Date 8-21-03 Country of Citizenship US

Residence Portland, Oregon

Post Office Address 625 S.W. 67th Place

Portland, Oregon 97225

Full name of second joint inventor, if any _____

Inventor's signature _____

Date _____ Country of Citizenship _____

Residence _____

Post Office Address _____